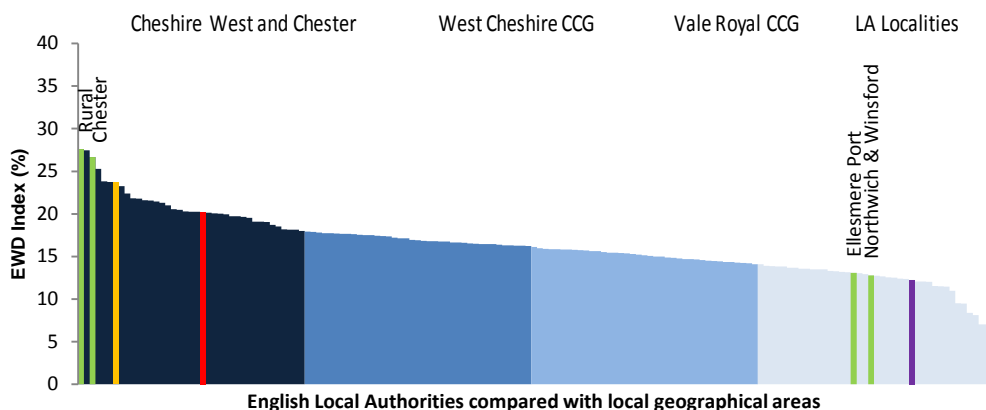


PHOF 4.15 Excess Winter Deaths Index

The Excess Winter Deaths Index (EWD Index) is the excess winter deaths expressed as a ratio of the expected deaths based on the non-winter deaths

Excess Winter Deaths (persons, 3 years, all ages), Aug 2009 - Jul 2012



English Local Authorities compared with local geographical areas

Source: Public Health England and ONS death extracts

During the 3 year period August 2009 to July 2012 (2009-12) there were an average of 199 excess winter deaths per year, 164 in West Cheshire CCG and 36 in Vale Royal CCG. The index (20.2) was high compared to the England average (16.5) but the difference was not statistically significant. The index of 20.2 means that there were 20.2% more deaths in the winter periods (Dec-Mar) compared to the non-winter periods.

Local calculations to the period 2010-13 suggests that excess winter deaths have fallen slightly for Cheshire West and Chester to around 180 a year. Whilst CW&C, with an index of 18 looks similar to the England index of 17.4, West Cheshire CCG has had a general increasing trend and is higher at 21.4. Vale Royal CCG has seen a general reduction resulting in an all age index of 10.8.

The age profile has changed recently with an increase in excess winter deaths (EWDs) in people aged under 65 and a reduction in the over 85s. Despite the shift, a large proportion of EWDs are still in the elderly. Close to half (46%) of EWDs in the three years 2010/11 to 2012/13 were aged 85 and over.

Respiratory diseases account for a large proportion of excess winter deaths locally although the proportion has decreased from 48% in 2008-11 to 36% in 2010-13. Circulatory diseases also account for 30% of EWDs meaning that two thirds of EWDs are caused by these two disease groups.

Chester and Rural localities remain the higher areas for EWDs in Cheshire West and Chester. Chester is significantly high for EWDs in ages 0-64 and Rural has the highest locality EWD index for people aged 85 and over though this is not significantly high.

RECOMMENDED ACTIONS

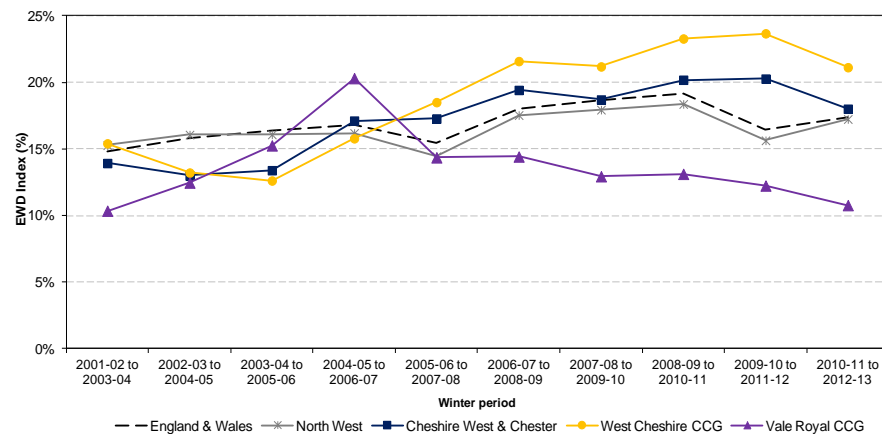
- Target affordable warmth towards those homes with vulnerable populations (very young and elderly especially with respiratory problems) living in properties most likely to benefit (cold, damp and mouldy).
- Ensure full uptake of housing and fuel benefits reducing fuel poverty.
- Improve house insulation and refurbishments targeted to vulnerable households.
- Ensure maximum uptake of flu immunisation coverage.
- The current Public Health England Cold Weather Plan should be widely disseminated and ready for implementation during cold snaps.

EVIDENCE OF WHAT WORKS

The evidence base around prevention is lacking. Various interventions have been proposed which are intuitive, but these have not been proven to reduce mortality. What is known is that various factors (including low temperature) place a recognised role and include: age, poor health, overcrowding and to a certain extent socioeconomic status and housing quality. Most deaths are due to cardiovascular disease, ischaemic heart and respiratory disease.

- Accepted interventions are:
- ensuring affordable warmth
 - Flu immunisation

Excess Winter Mortality: All age with Comparators



RATIONALE: There is some evidence to suggest that excess winter deaths (EWD) are preventable. Mortality in winter increases more in England compared to other European countries with colder climates, suggesting that it is more than just lower temperatures that are responsible for the excess mortality in winter